

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41434

1. PLACE OF DEATH

County Lawrence
Township Mt Vernon South
City Mt Vernon (No. _____)

Registration District No. 470
Primary Registration District No. 5633

File No. 79
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Marion Hedy
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 or 87 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowling Green Mo

13. NAME John Hedy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Jim Hedy
Lawrence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE 12/17/31

19. UNDERTAKER (ADDRESS) Geo Barr

20. January 9, 1932 W D Fulton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 -, 1931, to Dec 16, 1931

I last saw him alive on Dec 14, 1931. Death is said

to have occurred on the date stated above, at 12:30 PM

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
12/1/31
Date of onset 1925

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify Yes

(Signed) W D Fulton, M. D.

(Address) Mt Vernon Mo

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